

10/522260

**PATENT APPLICATION FEE DETERMINATION RECORD**  
Effective December 8, 2004

Application or Docket Number

JJD-22943

**CLAIMS AS FILED - PART I**

	(Column 1)	(Column 2)
U.S. NATIONAL STAGE FEES		
BASIC FEE	SMALL ENT. = \$ 150	LARGE ENT. = \$ 300
EXAMINATION FEE	Satisfies PCT Article 33(1)-(4) = \$ 50 / \$ 100	All other situations = \$ 100 / \$ 200
SEARCH FEE	U.S. is ISA = \$ 50 / \$ 100 ALL other countries = \$ 200 / \$ 400	All other situations = \$ 250 / \$ 500
FEE FOR EXTRA SPEC. PGS.	minus 100 =	/ 50 =
TOTAL CHARGEABLE CLAIMS	minus 20 = *	*
INDEPENDENT CLAIMS	minus 3 = *	*
MULTIPLE DEPENDENT CLAIM PRESENT		<input type="checkbox"/>

SMALL ENTITY  
TYPE OR OTHER THAN  
SMALL ENTITY

RATE	FEES	RATE	FEES
BASIC FEE	150	BASIC FEE	
EXAM. FEE	100	EXAM. FEE	
SEARCH FEE	200	SEARCH FEE	
X \$ 125 =		X \$ 250 =	
X \$ 25 =		X \$ 50 =	
X \$ 100 =		X \$ 200 =	
+ \$ 180 =		+ \$ 360 =	
TOTAL	450	TOTAL	

\* If the difference in column 1 is less than zero, enter "0" in column 2

**CLAIMS AS AMENDED - PART II**

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus	** =
Independent	*	Minus	*** =
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

SMALL ENTITY

OR OTHER THAN  
SMALL ENTITY

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X \$ 25 =		X \$ 50 =	
X \$ 100 =		X \$ 200 =	
+ \$ 180 =		+ \$ 360 =	
TOTAL ADDIT. FEE		TOTAL ADDIT. FEE	

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus	** =
Independent	*	Minus	*** =
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	ADDITIONAL FEE
X \$ 25 =	
X \$ 100 =	
+ \$ 180 =	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X \$ 50 =	
X \$ 200 =	
+ \$ 360 =	
TOTAL ADDIT. FEE	

- \* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20".
- \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

UNITED STATES PATENT & TRADEMARK OFFICE  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

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1 Date of Request:	2 Serial/Patent #
3 Please refund the following fee(s):	
Filing	4 PAPER NUMBER
Amendment	5 DATE FILED
Extension of Time	6 AMOUNT
Notice of Appeal/Appeal	\$ 250.00
Petition	\$
Issue	\$
Cert of Correction/Terminal Disc.	\$
Maintenance	\$
Assignment	\$
Other	\$
7 TOTAL AMOUNT OF REFUND \$ 250.00	
8 TO BE REFUNDED BY:	
Treasury Check	
<input checked="" type="checkbox"/> Overpayment	<input checked="" type="checkbox"/> Credit Deposit A/C #:
<input type="checkbox"/> Duplicate Payment	, SP -- 0231
9 No Fee Due (Explanation):	
10 REASON:	
11 REFUND REQUESTED BY:	
TYPED/PRINTED NAME: _____ TITLE: _____	
SIGNATURE: <u>O. Krehul</u> PHONE: _____	
OFFICE: ***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****	
APPROVED: _____ DATE: _____	

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance  
Refund Branch  
Crystal Park One, Room 802B

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## FEE TRANSMITTAL

DT01 Rec'd PCT/F

25 JAN 2005

Electronic Version v10

Stylesheet Version v10

## Title of Invention

AQUEOUS RESIN DISPERSION FOR FLOORS, AND FLOOR POLISH USING SAME

Application Number:

Date: 2005-01-25

First Named Applicant: Akemi Koketsu

Attorney Docket Number: JD-229 US

**TOTAL FEE AUTHORIZED \$0**

Patent fees are subject to annual revisions on or about October 1st of each year.

**PATENT ASSIGNMENT FEES**

Fee Description	Property Number	Quantity	Fee Code	Amount \$	Fee Paid \$
Recording Each Patent Assignment Per Property Fee		0	8021	40	0
Subtotal For Assignment Fees: \$0					

**AUTHORIZED BILLING INFORMATION**

The commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit account number: 500231

Access Code \*\*\*\*

Deposit name: JohnsonDiversey, Inc.

Deposit authorized name: Renee J. Rymarz

Signature: 

Date (YYYYMMDD): --

Charge Assignment Fees Required Under 37 C.F.R. Section 1.21 (h).

Charge Any Additional Fee Required Under 37 C.F.R. Sections 1.16 and 1.17.